



## RENTON POLICE DEPARTMENT VOLUNTEER APPLICATION

### Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you have any special requirements or a health condition that the Renton Police Department should be aware of while you are a volunteer? Yes ☐ No ☐

If yes, please describe \_\_\_\_\_

*In case of emergency, please notify:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency, can we release the above information to the emergency medical crew, clinic, or hospital?

Yes ☐ No ☐

### Past Experience

Employment and/or Volunteer Experiences \_\_\_\_\_

\_\_\_\_\_

Education/Training \_\_\_\_\_

Special Skills or Hobbies \_\_\_\_\_

### Volunteer Opportunities

There are a variety of volunteer opportunities with the Police Department. In order to provide maximum satisfaction, volunteers will be carefully matched according to their choice, skills, and available assignments.

Do you have a volunteer preference \_\_\_\_\_

Skills \_\_\_\_\_

Times Available Morning ☐ Afternoon ☐ Evening ☐

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekends ☐

### References

List two references (other than family) whom the Police Department can contact and their relationship to you (friend, employer, etc.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### Background Statement

By my signature, I authorize the Renton Police Department to do a background check of my criminal record.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Programs Coordinator, Renton Police Department  
1055 S Grady Way, Renton, WA 98055

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